

CRIMINAL RECORD REQUEST FORM

PRINT ALL INFORMATION
APPLICANT MUST FILL OUT COMPLETELY

LAST NAME FIRST MIDDLE

ALIAS AND / OR NICKNAME BORN MONTH DAY YEAR

PLACE OF BIRTH (CITY/TOWN/COUNTY) STATE SOCIAL SECURITY NO.

OPERATOR'S LICENSE NUMBER STATE ISSUED

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RACE SEX AGE FT. IN. HEIGHT WEIGHT

HAIR EYES COMPLEXION

HOME ADDRESS STREET CITY/TOWN/COUNTY/STATE ZIP CODE

PREVIOUS HOME ADDRESS STREET CITY/TOWN/COUNTY/STATE ZIP CODE

HOME PHONE NUMBER BUSINESS PHONE NUMBER